PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

51201220

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			37			·		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	IBER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGE	ABLE CLAIMS	37 minus 20=		. 17			X\$ 9=		OR	X\$18=	
) —	DEPENDENT C		3 minus 3 =		· · · ·		,	X43=		OR	X86=	-
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 31	Minus	- 3)	=		X\$ 9=		OR	X\$18=	
	Independent	* 3	Minus	*** 3	C! A!!4	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
	·	(Column 1)		(Colum		(Column 3)			· · · · · · · · · · · · · · · · · · ·			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	*		=		X\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus	***	21 212	= .		X43=		OR	X86=	
لنيا	FIRST PHESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM	ا ليان	'	+145=		OR	+290=	
•								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										•	-DOIL I LLE	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE:	ADDI- TIONAL FEE
	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
NE NE	Independent		Minus	***		=		X43=	•	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		~^}		
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+290=	
***	i the "Highest Nur	mber Previously Paid ber Previously Paid	id For IN THIS	S SPACE is	less than	3. enter "3."		ODIT. FEE L		_	DDIT. FEE L IMN 1. ·	